

ATU Foundation

We can only charge your credit card for the amount noted if the signature, address and phone number is listed below. Thank you!

Credit Card Authorization Form

Cardholder Name: _____

Cardholder Address: _____

(As it appears on your credit card statement)

Cardholder Phone # _____ - _____ - _____

____ Visa ____ Mastercard ____ American Express ____ Discover

Credit Card Number: _____

Exp Date: _____ Security Code n/a Amount to be Charged: \$ _____

Cardholder Signature: _____ Date _____

Participating credit card companies are now requiring a billing address and phone number for **FRAUD PREVENTION**. All information must be provided. Thank you for your cooperation!

Please list the purpose of these funds- _____

Campers Name _____

Camp Attending _____

Please list the best way to contact you if a problem occurs during card processing. # _____ - _____ - _____.

Please mail in this form with camp brochure to the following address:

Arkansas Tech Athletics: Attn. Courtney Clarke

1604 Coliseum Drive

Russellville, AR 72801

OR

Fax: Courtney Clarke- 479-880-4067